

SERFF Tracking Number:	PRTA-125756504	State:	Arkansas
Filing Company:	West Coast Life Insurance Company	State Tracking Number:	39819
Company Tracking Number:	VICKIE-V2W		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	WC-502V2 8-08, et al		
Project Name/Number:	WC-502V2 8-08, et al /WC-502V2 8-08, et al		

## Filing at a Glance

Company: West Coast Life Insurance Company

Product Name: WC-502V2 8-08, et al

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: PRTA-125756504 State: ArkansasLH

SERFF Status: Closed

Co Tr Num: VICKIE-V2W

Co Status:

Author: Vickie Jenkins

Date Submitted: 08/01/2008

State Tr Num: 39819

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 08/07/2008

Disposition Status: Approved

Implementation Date:

Implementation Date Requested: 09/15/2008

State Filing Description:

## General Information

Project Name: WC-502V2 8-08, et al

Project Number: WC-502V2 8-08, et al

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: This filing has been submitted to our domiciliary state of Nebraska, concurrently.

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 08/07/2008

State Status Changed: 08/07/2008

Corresponding Filing Tracking Number:

Filing Description:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

West Coast Life Insurance Company is a subsidiary of Protective Life Insurance Company. Protective Life Insurance Company represents West Coast Life Insurance Company in the submission of the above-referenced forms and will negotiate with state insurance departments for their approval. A separate letter of authorization is not required due to subsidiary status.

The intended implementation date for the filing is September 15, 2008 or upon approval by your Department. The

<i>SERFF Tracking Number:</i>	<i>PRTA-125756504</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>West Coast Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39819</i>
<i>Company Tracking Number:</i>	<i>VICKIE-V2W</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>WC-502V2 8-08, et al</i>		
<i>Project Name/Number:</i>	<i>WC-502V2 8-08, et al /WC-502V2 8-08, et al</i>		

above referenced Individual Life Filing is being submitted for filing acknowledgement or prior approval, as appropriate. This filing does not contain any unusual or possibly controversial items that vary from normal company or industry standards. This filing has been submitted to our domiciliary state of Nebraska, concurrently. Each form has obtained appropriate FLESCHEASE of Reading Test Scores of 54.

The submitted forms were created using fonts of 10 point or greater in the case of logos, addresses, headings. The forms are in final laser printed format, subject only to minor modification in paper size, stock, ink, font style, border, company logo and adaptation to computer printing. The fonts will never be smaller than 10 point.

A short description of each OPTIONAL rider follows:

WC-502V2 provides term life insurance on the life of an Insured Child to Age 25. Issue ages are 15 days to 18 years on the date of application for this benefit. This rider also includes a "Right to Convert" provision.

WC-615V2 provides for additional life insurance. This rider has no cash or loan values.

Upon approval by your Department, it is intended that these riders will replace previously approved versions WC-502 7-07, approved July 16, 2007 (Tracking # 36317) and WC-615 5-08, approved May 16, 2008 (Tracking # 38983). The key changes to these forms are the effect of updates to 2001 Commissioners Standard Ordinary Mortality Table. WC-502v2 modifies the "Paid-Up Term Insurance" provision while WC-615v2 modifies the "Limitations and Conditions" and "Cost of Insurance" provisions.

Currently, these riders will be offered with previously approved policy WC-U15-AR 11-06, Approved October 25, 2006 (Tracking # 34008).

Required filing fees have been submitted via EFT.

If you need further information, I can be contacted via SERFF Notes, email at Vickie.Jerkins@protective.com or tollfree at 1-800-866-3555 ext. 5514.

SERFF Tracking Number:	PRTA-125756504	State:	Arkansas
Filing Company:	West Coast Life Insurance Company	State Tracking Number:	39819
Company Tracking Number:	VICKIE-V2W		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	WC-502V2 8-08, et al		
Project Name/Number:	WC-502V2 8-08, et al /WC-502V2 8-08, et al		

## Company and Contact

### Filing Contact Information

Vickie Jerkins, Policy Contract Filing Specialist vickie.jerkins@protective.com  
 2801 Highway 280 South (800) 866-3555 [Phone]  
 Birmingham, AL 35223 (205) 268-3401[FAX]

### Filing Company Information

West Coast Life Insurance Company	CoCode: 70335	State of Domicile: Nebraska
2801 Highway 280	Group Code: 458	Company Type: Life Insurance
Birmingham, AL 35223	Group Name:	State ID Number:
(800) 866-3555 ext. [Phone]	FEIN Number: 94-0971150	
	-----	

## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50.00 per filing
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
West Coast Life Insurance Company	\$50.00	08/01/2008	21730588

SERFF Tracking Number:	PRTA-125756504	State:	Arkansas
Filing Company:	West Coast Life Insurance Company	State Tracking Number:	39819
Company Tracking Number:	VICKIE-V2W		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	WC-502V2 8-08, et al		
Project Name/Number:	WC-502V2 8-08, et al /WC-502V2 8-08, et al		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	08/07/2008	08/07/2008

<i>SERFF Tracking Number:</i>	<i>PRTA-125756504</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>West Coast Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39819</i>
<i>Company Tracking Number:</i>	<i>VICKIE-V2W</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>WC-502V2 8-08, et al</i>		
<i>Project Name/Number:</i>	<i>WC-502V2 8-08, et al /WC-502V2 8-08, et al</i>		

## Disposition

Disposition Date: 08/07/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	PRTA-125756504	State:	Arkansas
Filing Company:	West Coast Life Insurance Company	State Tracking Number:	39819
Company Tracking Number:	VICKIE-V2W		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	WC-502V2 8-08, et al		
Project Name/Number:	WC-502V2 8-08, et al /WC-502V2 8-08, et al		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Supporting Documentation:		Yes
Supporting Document	Compare Documents		Yes
Form	Children's Term Life Insurance Rider		Yes
Form	Death Benefit Plus Rider		Yes

SERFF Tracking Number: PRTA-125756504 State: Arkansas

Filing Company: West Coast Life Insurance Company State Tracking Number: 39819

Company Tracking Number: VICKIE-V2W

TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other

Product Name: WC-502V2 8-08, et al

Project Name/Number: WC-502V2 8-08, et al /WC-502V2 8-08, et al

## Form Schedule

**Lead Form Number:** WC-502V2 8-08

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	WC-502V2 8-08	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Children's Term Life Insurance Rider	Initial		54	WC-502v2.pdf
	WC-615V2 8-08	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Death Benefit Plus Rider	Initial		54	WC-615v2 8-08.pdf



[State of Domicile: Nebraska]

[P.O. Box 193892, San Francisco, CA 94119-3892  
Home Office : San Francisco, California  
1-800-366-9378]

## CHILDREN'S TERM LIFE INSURANCE RIDER

We have issued this rider as a part of the policy to which it is attached. It is issued in return for the application and the payment of the cost of insurance for this rider. The cost of insurance for this rider is payable at the same time and in the same manner as the cost of insurance for the policy. The cost of insurance for this rider will be a level amount charged in all months until the rider terminates and will equal the Monthly Charge During First Year shown in the Policy Schedule. All terms of the policy apply to this rider except for those that disagree with this rider.

This rider provides death benefits on children of the Insured if an Insured Child dies before Age 25. We discuss this rider, and the rules that apply to it, in the provisions which follow.

### Persons Insured Under This Rider

**Insured Child.** An Insured Child under this rider is any living child, stepchild or legally adopted child of the Insured who is named in the application for this benefit. They must be at least 15 days old but not more than eighteen years old on the date of application for this benefit. Any child named who is under fifteen days old will become insured when fifteen days old. In addition, any child who is later born to, or legally adopted by, the Insured and his or her spouse while this rider is in full force will automatically become insured when fifteen days old or, if later, on the date of adoption. The date of adoption must be before the child's eighteenth birthday. All benefits stop after an Insured Child's twenty-fifth birthday.

**Death Benefits.** We will pay the death benefit to the Beneficiary when due proof of an Insured Child's death is received at our Home Office.

If an Insured Child dies on or before the Expiry Date of the coverage on that child's life, the death benefit shall be \$1,000 for each unit of this benefit. After the Expiry Date, no death benefit is payable. The number of units of this benefit is shown in the Policy Schedule.

**Paid-Up Term Insurance.** If the Insured dies while this rider is in full force any remaining insurance under this rider will be continued on a fully paid-up basis.

Such paid-up term insurance will have a cash value equal to the present value of the future benefits based upon the Commissioner's 2001 Standard Ordinary Mortality Table and interest at 6% per year but otherwise under the same assumptions as the policy to which this rider is attached. Any cash surrender value available within thirty days after any rider anniversary shall not be less than the present value on such anniversary. We will provide you with the amount of cash value available upon request.



## **Right To Convert**

**Converting the Rider.** At the Expiry Date of the coverage of any Insured Child under this rider, it may be converted to a life insurance policy, if this rider is in full force.

Conversion can be made to any whole life or endowment plan offered by us to similar insureds at the date of conversion. Such plan must have a level death benefit with level premiums. The Face Amount of the new policy may not exceed five times the death benefit provided by this rider. The new policy cannot have a Face Amount less than the minimum amount for which the new plan is usually issued. There will always be at least one such plan available.

The premium for the new policy will be based on our premium rates then in use at the age of the person insured with the Rate Class of that person used in determining the cost of insurance of this rider.

**Procedure for Conversion.** A written request signed by the person to be insured under the new policy must be received at the Company's Home Office within thirty-one days prior to the Expiry Date of the coverage on such person. Evidence of insurability satisfactory to us must be furnished only if benefits in the event of total disability or additional benefits for death by specified means are to be included in the new policy.

The new policy will be dated as of the Expiry Date. The suicide and contestable periods for benefits contained in this rider will be measured from the effective date of coverage of this rider.

## **General Provisions**

**Effective Date of Coverage.** The effective date of coverage under this rider shall be as follows:

- (1) The Date of Issue shall be the effective date for all coverage provided in the original application.
- (2) For any rider issued after the date of issue or any increase in coverage, the effective date shall be the date we approve the supplemental application.
- (3) For any insurance that has been reinstated, the effective date shall be the date we approve the reinstatement.

**Expiry Date.** The Expiry Date of this rider is the day prior to the Insured's Age 65. The Expiry Date of the coverage on an Insured Child is the earlier of the Expiry Date of this rider and the day of the child's twenty-fifth birthday.

**Beneficiary.** The Owner of the policy shall be the beneficiary of any death benefits under this rider unless otherwise provided by endorsement or changed by written request. This change will take effect as of the date the request is signed, even if the Insured dies before we receive it. Each change will be subject to any payment we made or other action we took before recording the request.

**Owner.** The Owner of the policy shall be the Owner of this rider. Upon the death of the Insured, the surviving spouse, if any, shall be the Owner of any paid-up term insurance under this rider. If there is no surviving spouse or upon the death of that survivor, any Insured Child on whose life there is paid-up term insurance in force shall be the Owner of that paid-up term insurance.

**Contestability.** The contestability limitation contained in the policy applies to this rider. The period of contestability will be measured from the effective date of coverage of the rider.

**Suicide.** If the Insured commits suicide while sane or insane within two years from the effective date of coverage of this rider, we pay a limited death benefit in one sum to the Beneficiary. The limited death benefit will be the cost of insurance paid for this rider. Although this rider will terminate, insurance under it on any surviving person may be converted. Application for this conversion must be made within 31 days after the date of suicide. The conversion privilege will be the same following suicide as if that date had been the Expiry Date of coverage. Coverage under this rider shall continue during the 31-day period after the date of suicide.

**Reinstatement.** If this rider has terminated due to the termination of the policy to which it is attached, we will reinstate it upon written application provided the policy to which this rider is attached is being reinstated at the same time. We will require that evidence of insurability satisfactory to us be furnished on all persons to be insured under this rider when reinstated. If this rider is reinstated, we will have no liability with respect to the death of any person insured under this rider which may have occurred after the end of the grace period of the policy prior to the date of reinstatement.

**Reserve Basis.** The reserve basis for this rider is the same as the reserve basis for the policy to which it is attached.

**Termination.** This rider will terminate:

- (1) At its Expiry Date;
- (2) On any monthly anniversary day upon written request, but you must return the policy so we may remove the rider; or
- (3) If the policy to which it is attached terminates, except as provided herein.

Signed for the Company as of the effective date of coverage.

**WEST COAST LIFE INSURANCE COMPANY**



Secretary

THIS PAGE INTENTIONALLY LEFT BLANK



[State of Domicile: Nebraska]

[P.O. Box 193892, San Francisco, CA 94119-3892  
Home Office : San Francisco, California  
1-800-366-9378]

## DEATH BENEFIT PLUS RIDER

The Company has issued this rider as a part of the policy to which it is attached ("the Policy"). It is issued in return for the application and the payment of the Cost of Insurance for this rider. All terms of the Policy apply to this rider except those that disagree with this rider.

This rider provides additional life insurance, subject to the following provisions.

**Policy Schedule.** Policy Schedule means the Policy Schedule or Policy Specifications Page, or any supplemental Policy Schedule or supplemental Policy Specifications Page of the Policy.

**Insured.** The person whose life is covered by this rider as shown in the Policy Schedule for this rider.

**Paid Premium.** The premium paid and accepted by the Company for the Policy and any attached riders. This does not include any premium waived or credited under any waiver of premium or disability benefit rider attached to the Policy.

**Death Benefit.** The amount of life insurance provided under this rider. This benefit is the Paid Premium received by the Company as of the Rider Effective Date. Thereafter, this benefit as of any monthly anniversary day will be calculated as (1), plus (2), plus (3) where:

- (1) Is the Death Benefit as of the prior monthly anniversary day;
- (2) Is one month's interest, if any, on item (1); and
- (3) Is the Paid Premium received by the Company since the prior monthly anniversary day.

On any day other than a monthly anniversary day, this benefit will be the Death Benefit as of the prior monthly anniversary day. Interest will be calculated using the monthly interest rate shown, if any, in the Policy Schedule for this rider.

**Death Benefit Proceeds.** The amount payable to the beneficiary of the Policy if the Insured dies while this rider is in force, subject to proof of death of the Insured satisfactory to the Company. The amount is equal to the Death Benefit, subject to this rider's provisions that may affect such proceeds.

### Limitations and Conditions.

- (1) The Death Benefit will not be greater than the Death Benefit limit shown in the Policy Schedule for this rider.
- (2) A Death Benefit increase will not become effective until the first month's Cost of Insurance for that increase is deducted from the accumulated fund of the Policy during the lifetime of the Insured.
- (3) The Death Benefit will be fixed as of the effective date of any of the transactions listed immediately below and can never increase thereafter:
  - (a) Any Voluntary Decrease in Death Benefit under this rider;
  - (b) Any Voluntary Decrease in the Specified Amount under the Policy; or
  - (c) Any change in death benefit option under the policy.
- (4) The Death Benefit will be fixed immediately prior to attained age one hundred twenty-one (121) of the Insured and can never increase thereafter.

**Misstatement of Age or Sex.** Questions in the application for this rider concern the Insured's age or date of birth, and sex. If the answers to these questions are not correct, the Death Benefit Proceeds will be adjusted in accordance with the Misstatement of Age or Sex provision of the Policy.

**Statements in the Application / Incontestability.** The statements in the application and Incontestability provision of the Policy will apply to this rider from the Rider Effective Date.

**Grace Period.** The grace period of the Policy applies to this rider. If the Insured dies during the grace period of the Policy, the Company will deduct overdue monthly deductions from any death benefit proceeds under the Policy and this rider.

**Suicide.** The suicide provision of the Policy applies to this rider. If the Insured commits suicide while sane or insane, within two (2) years from the Rider Effective Date, the Company's liability will be limited to that provision.

**Restrictions and Exclusions.** This rider will be subject to the same restrictions and exclusions, if any, as were included in the Policy on the Rider Effective Date.

**Voluntary Decrease in Death Benefit.** The owner of the Policy may send the Company a written request, satisfactory to the Company, to decrease the Death Benefit. Any decrease will be effective on the monthly anniversary day that falls on or next following the date the Company receives this request.

**Voluntary Decrease in Interest Rate.** The owner of the Policy may send the Company a written request, satisfactory to the Company, to decrease any interest rate applied under this rider to zero percent (0%). Any decrease will be effective on the monthly anniversary day that falls on or next following the date the Company receives this request.

**Voluntary Increase in Interest Rate.** Any interest rate applied under this rider cannot be increased.

**Conversion.** While this rider is in force and at the option of the owner of the Policy, the Death Benefit may be converted to the Specified Amount under the Policy. The owner may send the Company a written request, satisfactory to the Company, to convert the Death Benefit. Any conversion will be effective on the monthly anniversary day that falls on or next following the date the Company receives this request. Once effective, the Specified Amount increase will control and this rider will automatically terminate. Any conversion must be for the entire Death Benefit. No Policy expense or administration charge solely attributable to a Specified Amount increase will apply to the conversion. Any Specified Amount increase resulting from a conversion will not be eligible for acceleration under any accelerated benefit rider or endorsement attached to the Policy for one (1) year from the effective date of the conversion.

**Cost of Insurance.** For each policy month, the monthly cost will be calculated as (1) multiplied by (2), where:

(1) Is the Death Benefit divided by \$1,000; and

(2) Is the monthly cost of insurance rate per thousand for this rider.

On and after attained age one hundred twenty-one (121) of the Insured, the monthly cost will be zero.

**Cost of Insurance Rates.** These rates are based on the attained age, sex, and rate or premium class of the Insured as of the Rider Effective Date and the number of policy years since the Rider Effective Date. These rates will be determined by the Company at its sole discretion but cannot exceed the Table of Guaranteed Maximum Monthly Cost of Insurance Rates shown in the Policy Schedule for this rider.

**Rider Effective Date.** This rider will be effective on the later of:

(1) The earlier of the Date of Issue or Policy Date, if applicable, of the Policy;

(2) The date the Company approves a supplemental application for issue of this rider; or

(3) The date the Company approves a reinstatement application for the Policy.

**Termination.** All coverage under this rider will terminate:

- (1) Immediately upon termination of the Policy;
- (2) As of the monthly anniversary day that falls on or next follows the date of receipt by the Company of a written request or notice, satisfactory to the Company, to terminate this rider;
- (3) As described under the Conversion provision of this rider; or
- (4) According to the terms and conditions of the No Lapse Guarantee Period provision of the Policy.

**Reinstatement.** If this rider has terminated due to the termination of the Policy, the Company will reinstate this rider upon written application and evidence of insurability satisfactory to the Company provided the Policy is being reinstated at the same time.

**Values.** This rider has no cash or loan values.

**Reserves.** The reserve basis for this rider is the same as the reserve basis for the Policy.

Signed for the Company as of the Rider Effective Date.

**WEST COAST LIFE INSURANCE COMPANY**

A handwritten signature in black ink, reading "Deborah J. Long". The signature is written in a cursive, flowing style.

Deborah J. Long  
Secretary

**THIS PAGE INTENTIONALLY LEFT BLANK**

<i>SERFF Tracking Number:</i>	<i>PRTA-125756504</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>West Coast Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39819</i>
<i>Company Tracking Number:</i>	<i>VICKIE-V2W</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>WC-502V2 8-08, et al</i>		
<i>Project Name/Number:</i>	<i>WC-502V2 8-08, et al /WC-502V2 8-08, et al</i>		

## **Rate Information**

Rate data does NOT apply to filing.



SERFF Tracking Number:	PRTA-125756504	State:	Arkansas
Filing Company:	West Coast Life Insurance Company	State Tracking Number:	39819
Company Tracking Number:	VICKIE-V2W		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	WC-502V2 8-08, et al		
Project Name/Number:	WC-502V2 8-08, et al /WC-502V2 8-08, et al		

## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** Certification/Notice 07/31/2008

**Comments:**

**Attachments:**

AR Certification.pdf

Readability Certification.pdf

### Review Status:

**Bypassed -Name:** Application 07/31/2008

**Bypass Reason:** Not Applicable to this Filing.

**Comments:**

### Review Status:

**Satisfied -Name:** Supporting Documentation: 08/01/2008

**Comments:**

Actuarial Description / Memorandum

Readability Certification

**Attachments:**

Actuarial Description (WC-502V2).pdf

Actuarial Memo (WC-615V2).pdf

Readability Certification.pdf

### Review Status:

**Satisfied -Name:** Compare Documents 08/01/2008

**Comments:**

Attached, please find "red-line" compare documents which outline form revisions.

**Attachments:**

Compare (502).pdf

Compare (615).pdf

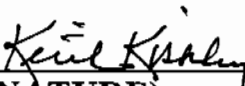
# WEST COAST LIFE INSURANCE COMPANY

## NAIC 458-70335

### CERTIFICATION OF COMPLIANCE

**FORM(S):** WC-502V2 8-08  
Children's Term Life Insurance Rider

This is to certify that the enclosed form(s) are in compliance with Rule and Regulation 19 of the State of Arkansas regarding the Unfair Sex Discrimination in the Sale of Insurance.

  
(SIGNATURE)

Keith Kirkley, J.D., M.B.A.  
(PRINTED NAME)

July 23, 2008  
(DATE)

Assistant Vice President  
(TITLE)

West Coast Life Insurance Company  
PO BOX 10648  
Birmingham, AL 35202-0648



NAIC 458-70335  
FEIN 94-0971150

## READABILITY CERTIFICATION

Regarding:	Form Number	Form Title
	WC-502V2 8-08	Children's Term Life Insurance Rider
	WC-615V2 8-08	Death Benefit Plus Rider

This is to certify that the enclosed forms (and the corresponding state specific variations) have achieved compliance with the FLESCH Ease of Reading Test, with scores as outlined in the following table.

	WC-502V2	WC-615V2
<b>Words:</b>	1,367	1,194
<b>Sentences:</b>	71	72
<b>Syllables:</b>	2,141	1,913
<b>FLESCH Score:</b>	54.79	54.4

Keith Kirkley, J.D., MBA  
Assistant Vice President  
Protective Life Insurance Company  
West Coast Life Insurance Company  
Product Implementation  
Contract Drafting & Filing Team

July 31, 2008

**WEST COAST LIFE INSURANCE COMPANY**

**Actuarial Description**

**Children's Term Life Insurance Rider**

**Form WC-502V2 8-08**

**I. DESCRIPTION OF RIDER CHARACTERISTICS**

This rider provides term life insurance on the life of an insured child as defined in the rider.

The rider form defines all of the terms and conditions.

**II. BASIS OF VALUES**

This rider does not have any cash or loan value.



Michael A. Fox, FSA, MAAA  
2<sup>nd</sup> Vice President and Pricing Actuary  
July 28, 2008

**WEST COAST LIFE INSURANCE COMPANY**

**Actuarial Memorandum**

**Death Benefit Plus Rider**

**Form WC-615V2 8-08**

**I. DESCRIPTION OF RIDER CHARACTERISTICS**

The rider provides additional life insurance. Such benefit is defined in the rider.

**II. COST OF INSURANCE**

Cost of insurance is charged for the rider. Such cost will increase with duration and as the net amount at risk increases under the rider. The cost of insurance rates are indeterminate.

**III. STATUTORY RESERVES**

The Company will hold a mean reserve equal to  $\frac{1}{2} c_x$ . The reserve basis for the rider is the same as the reserve basis for the policy to which it is attached.

**IV. AFTER ATTAINED AGE 121**

After attained age 121 of the insured, the death benefit will continue as described in the rider. After attained age 121 of the insured, the Company will hold a statutory reserve as described above.

**V. ACTUARIAL CERTIFICATION**

I certify that to the best of my knowledge and belief, this Actuarial Memorandum is in compliance with all applicable laws and regulations of this State.



Michael A. Fox, FSA, MAAA  
2<sup>nd</sup> Vice President and Pricing Actuary  
July 28, 2008

West Coast Life Insurance Company  
PO BOX 10648  
Birmingham, AL 35202-0648



NAIC 458-70335  
FEIN 94-0971150

## READABILITY CERTIFICATION

Regarding:	Form Number	Form Title
	WC-502V2 8-08	Children's Term Life Insurance Rider
	WC-615V2 8-08	Death Benefit Plus Rider

This is to certify that the enclosed forms (and the corresponding state specific variations) have achieved compliance with the FLESCH Ease of Reading Test, with scores as outlined in the following table.

	WC-502V2	WC-615V2
<b>Words:</b>	1,367	1,194
<b>Sentences:</b>	71	72
<b>Syllables:</b>	2,141	1,913
<b>FLESCH Score:</b>	54.79	54.4

Keith Kirkley, J.D., MBA  
Assistant Vice President  
Protective Life Insurance Company  
West Coast Life Insurance Company  
Product Implementation  
Contract Drafting & Filing Team

July 31, 2008



[State of Domicile: Nebraska]

[P.O. Box 193892, San Francisco, CA 94119-3892  
Home Office : San Francisco, California  
1-800-366-9378]

## CHILDREN'S TERM LIFE INSURANCE RIDER

We have issued this rider as a part of the policy to which it is attached. It is issued in return for the application and the payment of the cost of insurance for this rider. The cost of insurance for this rider is payable at the same time and in the same manner as the cost of insurance for the policy. The cost of insurance for this rider will be a level amount charged in all months until the rider terminates and will equal the Monthly Charge During First Year shown in the Policy Schedule. All terms of the policy apply to this rider except for those that disagree with this rider.

This rider provides death benefits on children of the Insured if an Insured Child dies before Age 25. We discuss this rider, and the rules that apply to it, in the provisions which follow.

### Persons Insured Under This Rider

**Insured Child.** An Insured Child under this rider is any living child, stepchild or legally adopted child of the Insured who is named in the application for this benefit. They must be at least 15 days old but not more than eighteen years old on the date of application for this benefit. Any child named who is under fifteen days old will become insured when fifteen days old. In addition, any child who is later born to, or legally adopted by, the Insured and his or her spouse while this rider is in full force will automatically become insured when fifteen days old or, if later, on the date of adoption. The date of adoption must be before the child's eighteenth birthday. All benefits stop after an Insured Child's twenty-fifth birthday.

**Death Benefits.** We will pay the death benefit to the Beneficiary when due proof of an Insured Child's death is received at our Home Office.

If an Insured Child dies on or before the Expiry Date of the coverage on that child's life, the death benefit shall be \$1,000 for each unit of this benefit. After the Expiry Date, no death benefit is payable. The number of units of this benefit is shown in the Policy Schedule.

**Paid-Up Term Insurance.** If the Insured dies while this rider is in full force any remaining insurance under this rider will be continued on a fully paid-up basis.

Such paid-up term insurance will have a cash value equal to the present value of the future benefits based upon the ~~Commissioners 1980~~ Commissioner's 2001 Standard Ordinary Mortality Table and interest at 6% per year but otherwise under the same assumptions as the policy to which this rider is attached. Any cash surrender value available within thirty days after any rider anniversary shall not be less than the present value on such anniversary. We will provide you with the amount of cash value available upon request.

## Right To Convert

**Converting the Rider.** At the Expiry Date of the coverage of any Insured Child under this rider, it may be converted to a life insurance policy, if this rider is in full force.

Conversion can be made to any whole life or endowment plan offered by us to similar insureds at the date of conversion. Such plan must have a level death benefit with level premiums. The Face Amount of the new policy may not exceed five times the death benefit provided by this rider. The new policy cannot have a Face Amount less than the minimum amount for which the new plan is usually issued. There will always be at least one such plan available.

The premium for the new policy will be based on our premium rates then in use at the age of the person insured with the Rate Class of that person used in determining the cost of insurance of this rider.

**Procedure for Conversion.** A written request signed by the person to be insured under the new policy must be received at the Company's Home Office within thirty-one days prior to the Expiry Date of the coverage on such person. Evidence of insurability satisfactory to us must be furnished only if benefits in the event of total disability or additional benefits for death by specified means are to be included in the new policy.

The new policy will be dated as of the Expiry Date. The suicide and contestable periods for benefits contained in this rider will be measured from the effective date of coverage of this rider.

## General Provisions

**Effective Date of Coverage.** The effective date of coverage under this rider shall be as follows:

- (1) The Date of Issue shall be the effective date for all coverage provided in the original application.
- (2) For any rider issued after the date of issue or any increase in coverage, the effective date shall be the date we approve the supplemental application.
- (3) For any insurance that has been reinstated, the effective date shall be the date we approve the reinstatement.

**Expiry Date.** The Expiry Date of this rider is the day prior to the Insured's Age 65. The Expiry Date of the coverage on an Insured Child is the earlier of the Expiry Date of this rider and the day of the child's twenty-fifth birthday.

**Beneficiary.** The Owner of the policy shall be the beneficiary of any death benefits under this rider unless otherwise provided by endorsement or changed by written request. This change will take effect as of the date the request is signed, even if the Insured dies before we receive it. Each change will be subject to any payment we made or other action we took before recording the request.

**Owner.** The Owner of the policy shall be the Owner of this rider. Upon the death of the Insured, the surviving spouse, if any, shall be the Owner of any paid-up term insurance under this rider. If there is no surviving spouse or upon the death of that survivor, any Insured Child on whose life there is paid-up term insurance in force shall be the Owner of that paid-up term insurance.



**Contestability.** The contestability limitation contained in the policy applies to this rider. The period of contestability will be measured from the effective date of coverage of the rider.

**Suicide.** If the Insured commits suicide while sane or insane within two years from the effective date of coverage of this rider, we pay a limited death benefit in one sum to the Beneficiary. The limited death benefit will be the cost of insurance paid for this rider. Although this rider will terminate, insurance under it on any surviving person may be converted. Application for this conversion must be made within 31 days after the date of suicide. The conversion privilege will be the same following suicide as if that date had been the Expiry Date of coverage. Coverage under this rider shall continue during the 31-day period after the date of suicide.

**Reinstatement.** If this rider has terminated due to the termination of the policy to which it is attached, we will reinstate it upon written application provided the policy to which this rider is attached is being reinstated at the same time. We will require that evidence of insurability satisfactory to us be furnished on all persons to be insured under this rider when reinstated. If this rider is reinstated, we will have no liability with respect to the death of any person insured under this rider which may have occurred after the end of the grace period of the policy prior to the date of reinstatement.

**Reserve Basis.** The reserve basis for this rider is the same as the reserve basis for the policy to which it is attached.

**Termination.** This rider will terminate:

- (1) At its Expiry Date;
- (2) On any monthly anniversary day upon written request, but you must return the policy so we may remove the rider; or
- (3) If the policy to which it is attached terminates, except as provided herein.

Signed for the Company as of the effective date of coverage.

**WEST COAST LIFE INSURANCE COMPANY**



Secretary

THIS PAGE INTENTIONALLY LEFT BLANK



[State of Domicile: Nebraska]

[P.O. Box 193892, San Francisco, CA 94119-3892  
Home Office : San Francisco, California  
1-800-366-9378]

## DEATH BENEFIT PLUS RIDER

The Company has issued this rider as a part of the policy to which it is attached ("the Policy"). It is issued in return for the application and the payment of the Cost of Insurance for this rider. All terms of the Policy apply to this rider except those that disagree with this rider.

This rider provides additional life insurance, subject to the following provisions.

**Policy Schedule.** Policy Schedule means the Policy Schedule or Policy Specifications Page, or any supplemental Policy Schedule or supplemental Policy Specifications Page of the Policy.

**Insured.** The person whose life is covered by this rider as shown in the Policy Schedule for this rider.

**Paid Premium.** The premium paid and accepted by the Company for the Policy and any attached riders. This does not include any premium waived or credited under any waiver of premium or disability benefit rider attached to the Policy.

**Death Benefit.** The amount of life insurance provided under this rider. This benefit is the Paid Premium received by the Company as of the Rider Effective Date. Thereafter, this benefit as of any monthly anniversary day will be calculated as (1), plus (2), plus (3) where:

- (1) Is the Death Benefit as of the prior monthly anniversary day;
- (2) Is one month's interest, if any, on item (1); and
- (3) Is the Paid Premium received by the Company since the prior monthly anniversary day.

On any day other than a monthly anniversary day, this benefit will be the Death Benefit as of the prior monthly anniversary day. Interest will be calculated using the monthly interest rate shown, if any, in the Policy Schedule for this rider.

**Death Benefit Proceeds.** The amount payable to the beneficiary of the Policy if the Insured dies while this rider is in force, subject to proof of death of the Insured satisfactory to the Company. The amount is equal to the Death Benefit, subject to this rider's provisions that may affect such proceeds.

### Limitations and Conditions.

- (1) The Death Benefit will not be greater than the Death Benefit limit shown in the Policy Schedule for this rider.
- (2) A Death Benefit increase will not become effective until the first month's Cost of Insurance for that increase is deducted from the accumulated fund of the Policy during the lifetime of the Insured.
- (3) The Death Benefit will be fixed as of the effective date of any of the transactions listed immediately below and can never increase thereafter:
  - (a) Any Voluntary Decrease in Death Benefit under this rider;
  - (b) Any Voluntary Decrease in the Specified Amount under the Policy; or
  - (c) Any change in death benefit option under the policy.
- (4) The Death Benefit will be fixed immediately prior to attained age one hundred ~~four~~twenty-one (121) of the Insured and can never increase thereafter.

**Misstatement of Age or Sex.** Questions in the application for this rider concern the Insured's age or date of birth, and sex. If the answers to these questions are not correct, the Death Benefit Proceeds will be adjusted in accordance with the Misstatement of Age or Sex provision of the Policy.

**Statements in the Application / Incontestability.** The statements in the application and Incontestability provision of the Policy will apply to this rider from the Rider Effective Date.

**Grace Period.** The grace period of the Policy applies to this rider. If the Insured dies during the grace period of the Policy, the Company will deduct overdue monthly deductions from any death benefit proceeds under the Policy and this rider.

**Suicide.** The suicide provision of the Policy applies to this rider. If the Insured commits suicide while sane or insane, within two (2) years from the Rider Effective Date, the Company's liability will be limited to that provision.

**Restrictions and Exclusions.** This rider will be subject to the same restrictions and exclusions, if any, as were included in the Policy on the Rider Effective Date.

**Voluntary Decrease in Death Benefit.** The owner of the Policy may send the Company a written request, satisfactory to the Company, to decrease the Death Benefit. Any decrease will be effective on the monthly anniversary day that falls on or next following the date the Company receives this request.

**Voluntary Decrease in Interest Rate.** The owner of the Policy may send the Company a written request, satisfactory to the Company, to decrease any interest rate applied under this rider to zero percent (0%). Any decrease will be effective on the monthly anniversary day that falls on or next following the date the Company receives this request.

**Voluntary Increase in Interest Rate.** Any interest rate applied under this rider cannot be increased.

**Conversion.** While this rider is in force and at the option of the owner of the Policy, the Death Benefit may be converted to the Specified Amount under the Policy. The owner may send the Company a written request, satisfactory to the Company, to convert the Death Benefit. Any conversion will be effective on the monthly anniversary day that falls on or next following the date the Company receives this request. Once effective, the Specified Amount increase will control and this rider will automatically terminate. Any conversion must be for the entire Death Benefit. No Policy expense or administration charge solely attributable to a Specified Amount increase will apply to the conversion. Any Specified Amount increase resulting from a conversion will not be eligible for acceleration under any accelerated benefit rider or endorsement attached to the Policy for one (1) year from the effective date of the conversion.

**Cost of Insurance.** For each policy month, the monthly cost will be calculated as (1) multiplied by (2), where:

(1) Is the Death Benefit divided by \$1,000; and

(2) Is the monthly cost of insurance rate per thousand for this rider.

On and after attained age one hundred ~~(400)~~twenty-one (121) of the Insured, the monthly cost will be zero.

**Cost of Insurance Rates.** These rates are based on the attained age, sex, and rate or premium class of the Insured as of the Rider Effective Date and the number of policy years since the Rider Effective Date. These rates will be determined by the Company at its sole discretion but cannot exceed the Table of Guaranteed Maximum Monthly Cost of Insurance Rates shown in the Policy Schedule for this rider.

**Rider Effective Date.** This rider will be effective on the later of:

- (1) The earlier of the Date of Issue or Policy Date, if applicable, of the Policy;
- (2) The date the Company approves a supplemental application for issue of this rider; or
- (3) The date the Company approves a reinstatement application for the Policy.

**Termination.** All coverage under this rider will terminate:

- (1) Immediately upon termination of the Policy;
- (2) As of the monthly anniversary day that falls on or next follows the date of receipt by the Company of a written request or notice, satisfactory to the Company, to terminate this rider;
- (3) As described under the Conversion provision of this rider; or
- (4) According to the terms and conditions of the No Lapse Guarantee Period provision of the Policy.

**Reinstatement.** If this rider has terminated due to the termination of the Policy, the Company will reinstate this rider upon written application and evidence of insurability satisfactory to the Company provided the Policy is being reinstated at the same time.

**Values.** This rider has no cash or loan values.

**Reserves.** The reserve basis for this rider is the same as the reserve basis for the Policy.

Signed for the Company as of the Rider Effective Date.

**WEST COAST LIFE INSURANCE COMPANY**



Deborah J. Long  
Secretary

**THIS PAGE INTENTIONALLY LEFT BLANK**